

STATEMENT OF ECONOMIC INTERESTS  
FAIR POLITICAL PRACTICES  
COVER PAGE

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CITY OF LAKE FOREST  
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Please type or print in ink.

11 APR -1 AM 11:33

11 MAR 25 AM 10:04

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
TETTEMER JOHN MARK

1. Office, Agency, or Court

Agency Name

Division, Board, Department, District, if applicable

Your Position

City Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: Orange County Fire Authority Position: Chair/Director

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of Lake Forest

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is through December 31, 2010.

☐ Leaving Office: Date Left (Check one).

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date

☐ The period covered is through the date of leaving office.

☐ Candidate: Election Year

Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable information on any schedule

I have used all reasonable diligence in preparing this statement. I have reviewed this herein and in any attached schedules is true and complete. I acknowledge this is a

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/25/2011  
(month, day, year)

Signature

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>JOHN MARK TETTEMER</u>
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▶ NAME OF SOURCE  
KENNERY/JENKS CONSULTANTS  
 ADDRESS (Business Address Acceptable)  
200 FOURTH STREET, SANTA ROSA,  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE CA, 95401  
ENGINEERING CONSULTANTS  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
3/8/10 \$100 DINNER  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

▶ NAME OF SOURCE  
BEST, BEST & KRIEGER  
 ADDRESS (Business Address Acceptable)  
5 PARK PLAZA, IRVINE, CA, 92614  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
LAW FIRM  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
6/4/10 \$250 GOLF/LUNCHEON  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

▶ NAME OF SOURCE  
WASTE MANAGEMENT OF O.C.  
 ADDRESS (Business Address Acceptable)  
1800 S. GRAND AVE, SANTA ANA, CA,  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 92705  
WASTE HAULER  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
9/16/10 \$100 DINNER  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Comments: \_\_\_\_\_